

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathiam

Secretary of State

Division of Corporations

1996/20/96

B-7845 NO

DOCUMENT # G47959

(3)

1. Corporation Name

G.B. OF VOLUSIA CO., INC.



Principal Place of Business

123 GARDNER CT.
DAYTONA BCH. FL 32114
US

Mailing Address

218 LAKE MOLLY AVENUE
DELAND FL 32724

3. Date Incorporated or Qualified
07/08/1983

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
59-2306593

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOCKOVEN, VIRGINIA L.
218 LAKE MOLLY AVENUE
DELAND FL 32724

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Virginia L. Bockoven

8-14-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
BOCKOVEN, VIRGINIA L.
STREET ADDRESS
218 LAKE MOLLY AVENUE
CITY-ST-ZIP
DELAND FL

TITLE ☐ DELETE

NAME
VS
BOCKOVEN, ALBERT M.
STREET ADDRESS
218 LAKE MOLLY AVENUE
CITY-ST-ZIP
DELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia L. Bockoven

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-96

904-258-6677

CR2E034 (12/95)